

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 05/24/01, 05/31/01, 06/07/01, 06/14/01, 06/21/01, and 07/05/01.
- b. The request was received on 05/23/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Medical Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Letter to Compliance and Practices
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/17/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/17/02. The response from the insurance carrier was received in the Division on 07/31/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/15/02
"Please also note that the EOB dated 30 Jul [sic] 2001 lists billed charges and units that differ from the original billed amount. Prior documentation submitted with the initial

request for MDR included the TWCC 60 Form and Table, The [sic] HCFA's [sic] for the billed dates of service, a letter to the Dept. of compliance and practices and proof of the request for reconsideration."

2. Respondent: Letter dated 07/30/02
"Carrier has paid \$924.00 for DOS 5/24/01 – 7/5/01 per initial Audit done 7/5/2001... Actually appears we have now overpaid. Please see attached print out of payments to date and request refund \$502.00 [sic]"

IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1) (2), the only dates of service eligible for review are 05/24/01, 05/31/01, 06/07/01, 06/14/01, 06/21/01, and 07/05/01.
2. Per the provider's TWCC-60, the amount billed is \$576.00; the amount paid is \$260.00; the amount in dispute is \$316.00.
3. The carrier denied the billed services by code, "F – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINE". The provider sent a letter dated 05/24/02 to the Compliance and Practices Unit of TWCC stating, "The carrier has failed to provide Reconsideration Explanation of Benefits and/or medical audit summaries within the required 28-day period for the dates of 5/24/01 through 7/5/01." Date of service, 06/21/01, lacked an EOB in the medical dispute packet, but the provider addressed the issue of missing reconsideration EOBs in a letter to Compliance and Practices.
4. The carrier requested a refund in the response to the medical dispute.

V. RATIONALE

Medical Review Division's rationale:

The insurance carrier and the provider submitted EOBs with the denial code of "Reduced to Fair and Reasonable", but these EOBs were dated after the request for the medical dispute was submitted, therefore, could not be considered. The provider billed CPT code 97139-AC for the disputed dates of service. The submitted medical documentation indicates the services were rendered as billed. CPT code, 97139-AC, is an unlisted procedure that is a DOP with no MAR value per the Medical Fee Guideline Medicine Ground Rules. The exception code of "Fee Reduction According to the Medical Fee Guideline" is an inappropriate denial code because there is no MAR amount listed in the MFG.

Rule § 134.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)..." The carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or

provide the provider with sufficient explanation to allow the provider to understand the reason for the denial.

The carrier failed to meet the criteria set forth in Rule § 134.304 (c), therefore, additional reimbursement in the amount of **\$316.00** is recommended.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$316.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of November 2002.

Donna M. Myers
Medical Dispute Officer
Medical Review Division

DMM/dmm